

County of San Bernardino
Clerk of the Board of Supervisors
385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
(909) 387-3841 Fax (909) 387-4554
Internet: www.sbcounty.gov/cob/



RENEWAL APPLICATION
ADULT-ORIENTED BUSINESS LICENSE

Business Name: _____		Type: _____
Physical Address: _____		
City: _____	State: _____	Zip: _____
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone Number: () - _____		Parcel Number: _____

Applicant's Name: First: _____		Last: _____
Home Address: _____		City: _____ Zip: _____
Mailing Address: _____		City: _____ Zip: _____
Telephone No.: () - _____		Driver's License No.: _____

Please list any partners involved in above-named adult-oriented business. Use additional sheet(s) if necessary.			
Business Partner's Name: First: _____		Last: _____	Date of Birth: _____
Street Address: _____		City: _____	Zip: _____
Telephone: () - _____		Driver's License No.: _____	

I, the undersigned, hereby declare that I have carefully read the Sections of the San Bernardino County Code relating to this business; that I understand it thoroughly and will carry out every provision thereof; that to the best of my knowledge, I have complied with the zoning, building and safety, health and fire regulations as outlined. I further state that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that any false statement will be sufficient cause for denial or revocation of said license.

I declare, under penalty of perjury, that the foregoing is true and correct and there has been no material change in the business or its operation since the date of the last application.

Date: _____ Signature: _____

County Use Only

CLERK OF THE BOARD OF SUPERVISORS

Renewal Fee \$82.00		Date Received: _____	Accepted By: _____
			Deputy Clerk of the Board of Supervisors
Receipt #: _____			